

**CITY OF BALTIMORE WET WEATHER CONSENT DECREE  
SMOKE AND DYED WATER TESTING FORM**

Page 1 of 4

Sewershed: JONES FALLS 994

Company: ADS

Date: \_\_\_\_

Test to be Performed:

Ground Condition:

Supervisor: TM

Smoke: X Dyed Water: \_\_\_\_\_

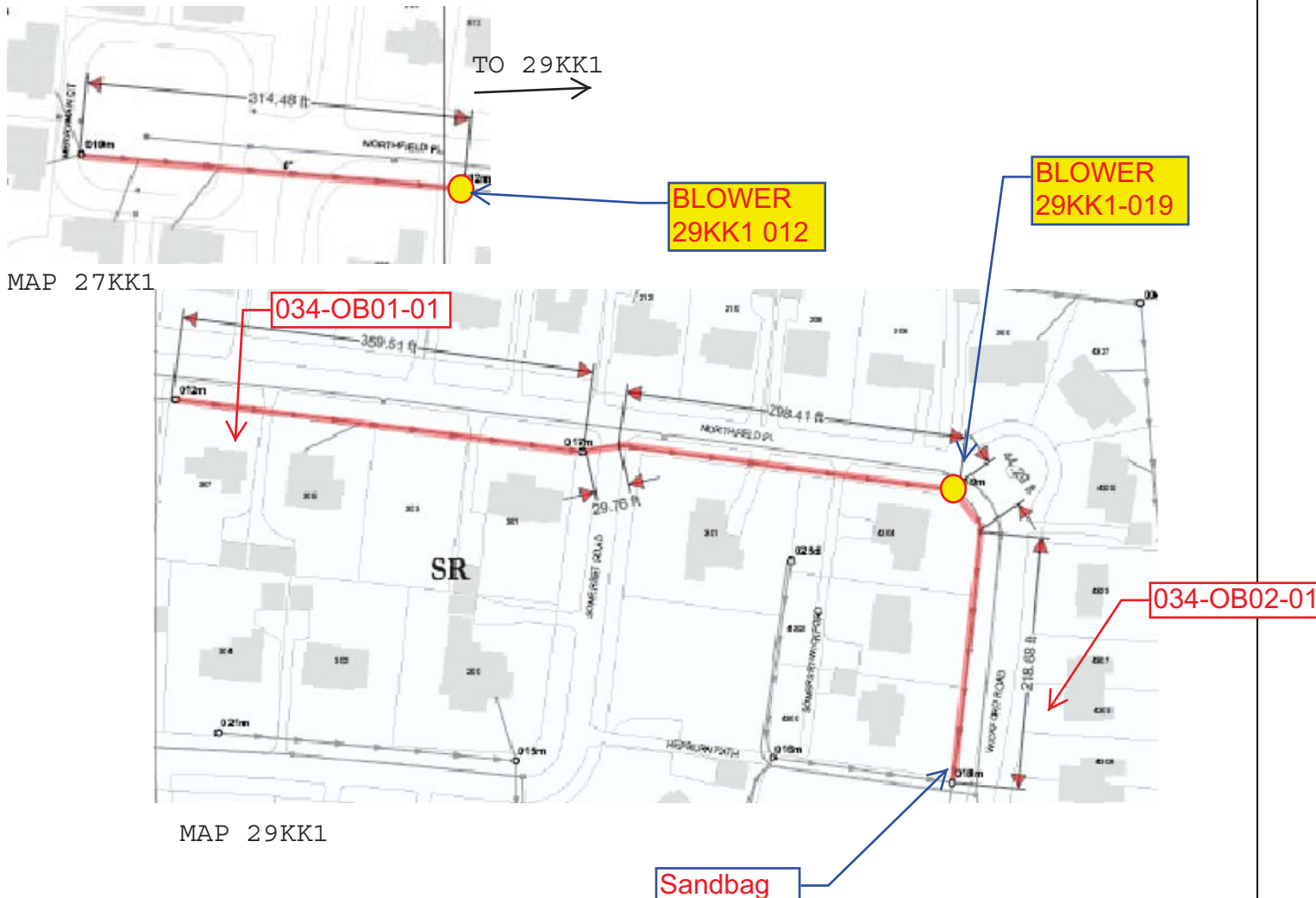
Dry: X Damp: \_\_\_\_\_ Wet: \_\_\_\_\_

Manhole ID: S29KK1019MH

Test ID: 034

Notifications Made: X  
(Residents, Fire, 311)

**Field Sketch:** (Show All Manholes with Numbers, Blower Placement Location, Sandbag or Isolation Locations, Street Names, Building Addresses and Locations, Defect Locations and Photograph Numbers)



## Page \_2\_ of \_4\_ \_

Date: 7-22-08

Supervisor: \_\_TM\_

1. *Journal of the American Medical Association*, 2000; 284: 2689-2695.

Notifications Made:   X    
(Residents, Fire, 311)

[illegible]

	Source Type	Location	Sector	Severity		Source Type	Location		
01	Main Sewer	Paved Concrete	Public	No Smoke	10	MH Frame Seal	Non-Paved		
02	Service Line	Paved Asphalt	Private	Trace	11	Storm Drain	Field/Woods		
03	Cleanout	Paved Other		Moderate	12	Catch Basin/Inlet	Alley		
04	Downspout	Driveway		Major	13	Storm Manhole	Golf Course		
05	Area Drain	Sidewalk			14	Storm Ditch	Other		
06	Driveway Drain	Curb			15	Excavation			
07	Stairwell Drain	Yard- Front			16	Other			
08	Foundation Drain	Yard-Back							
09	Building Interior	Yard- Side							

02 | 15 ft from public sidewalk, 14 ft from private Sidewalk. Dirt hole in ground

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Sewershed: JONES FALLS 994	Company: ADS	Date: <u>07-22-08</u>
Test to be Performed: Smoke: <u>X</u> Dyed Water: _____	Ground Condition: Dry: <u>X</u> Damp: _____ Wet: _____	Supervisor: <u>TM</u>
Manhole ID: S29KK1019MH	Test ID: 034	Notifications Made: <u>X</u> (Residents, Fire, 311)

**Field Sketch:** (Show All Manholes with Numbers, Blower Placement Location, Sandbag or Isolation Locations, Street Names, Building Addresses and Locations, Defect Locations and Photograph Numbers)



034-OB01-01

CITY OF BALTIMORE WET WEATHER CONSENT DECREE SMOKE AND DYED WATER TESTING FORM		Page _4_ of _4_
Sewershed: JONES FALLS 994	Company: ADS	Date: _07-22-08__
Test to be Performed: Smoke: __X__ Dyed Water: _____	Ground Condition: Dry: __X__ Damp: _____ Wet: _____	Supervisor: __TM__
Manhole ID: S29KK1019MH	Test ID: 034	Notifications Made: X_ (Residents, Fire, 311)

**Field Sketch:** (Show All Manholes with Numbers, Blower Placement Location, Sandbag or Isolation Locations, Street Names, Building Addresses and Locations, Defect Locations and Photograph Numbers)



034-OB02-01